

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>91095678</u>	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2							52					
3		6					53					
4	1						54					
5		1					55					
6	1						56					
7							57					
8		1					58					
9	1						59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
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29							79					
36							80					
31							81					
37							92					
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36							95					
36							96					
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37							98					
36							99					
36							100					
40												
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												
TOTAL IND.	4						TOTAL IND.					
TOTAL DEP.	5						TOTAL DEP.					
TOTAL CLAIMS	9						TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS